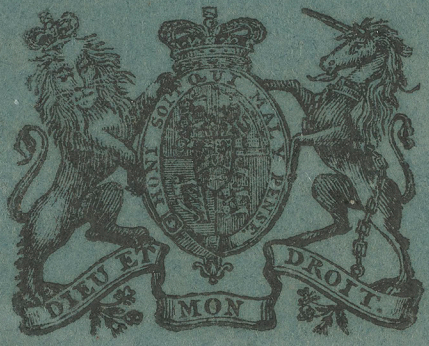
Vaccination, History and statistics of Great Britain



Royal Jennerian Society,

FOR THE

EXTERMINATION OF THE SMALL-POX.

Inſtituted 1803.

The Vaccine Pock.

8.th Day

Cuff del.

Burke Sculp.

ADDRESS

OF THE

Royal Jennerian Society,

FOR THE

EXTERMINATION OF THE SMALL-POX,

WITH THE

PLAN, REGULATIONS,

AND

INSTRUCTIONS FOR VACCINE INOCULATION.

TO WHICH IS ADDED,

A LIST OF THE SUBSCRIBERS.

INSTITUTED IN 1803.

"*Thou ſhalt not be afraid for the Peſtilence that walketh in darkneſs;*
"*nor for the deſtruction that waſteth at noonday.*"
Pſalm xci. verſes 5 & 6.

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1803.

THE ROYAL JENNERIAN SOCIETY took its rise in January, 1803, in consequence of a Requisition, signed by His Royal Highness the Duke of Clarence, several of the Nobility, the Lord Mayor, and many other active and benevolent Individuals of rank and respectability, who convened a Meeting at the London Tavern, where an unanimous sentiment prevailed as to the importance of the object: the establishment of this useful institution was resolved upon; a Subscription was entered into, and an Address to the Public adopted.

It has been thought proper to notice these circumstances respecting the origin of the Society, as meriting the particular attention of the chief Magistrates and principal inhabitants of the several Cities and Towns of the United Kingdom, with the earnest hope of inducing them to adopt similar measures within the sphere of their influence; as by such extensive co-operation alone will it be possible to attain that great and desirable object, the Extermination of the Small-Pox.

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ADDRESS.

THE ſubject for which we now claim the public attention is a diſcovery of no common importance, which greatly involves the ſafety and happineſs of mankind, and comes home to the feelings of every family, and of every boſom: a diſcovery which in its conſequences will not be of partial or local operation, but is equally intereſting to every rank, claſs and ſtation in ſociety: nor are its benefits confined to a ſingle country, or a ſingle age; they extend to the whole world, and to the remoteſt poſterity.

Our familiarity with any diſeaſe is too apt to render us indifferent to its effects, when not immediately connected with our perſonal feelings, and to lead us to conſider its ravages as reſulting from the eſtabliſhed courſe and order of nature. It is the province of reaſon to correct theſe prejudices; to rouſe us from this ſupineneſs; and when a diſcovery is made, unequalled in the hiſtory of the healing art, which af-

fords an antidote to one of the moſt fatal and diſtreſſing of all diſeaſes, it would be the higheſt ingratitude to the Author of our being to reject the boon ſo providentially offered, ſo that it becomes the duty, as well as intereſt, of every individual to uſe his beſt exertions in promoting its adoption and enſuring its ſucceſs.

We therefore exhort every man who has any juſt regard for himſelf, for his family, for his friends, or for his country, to examine and to decide.

Many centuries have now elapſed ſince the Small-Pox began its deſtructive career, and ſo widely has this calamity been extended, that ſcarcely a ſpot on the habitable globe has eſcaped its ravages. In ſome parts of the world it has appeared only at uncertain intervals, ſpreading its deſolating contagion with ſuch rapidity as to exterminate whole tribes of people: in other countries it has taken permanent root, and by becoming as it were domeſticated, has purſued a more moderate courſe of deſtruction; but ſtill, even in this iſland, and in the other civilized parts of Europe, it is actually fatal to at leaſt one twelfth part of the human ſpecies.

Small-pox, when received by contagious effluvia, (or in the *natural way* as it is termed) is, in a large proportion of caſes, a ſevere and deplorable malady, ſhocking and loathſome to the ſenſes, and to the ſufferer

peculiarly painful and diſtreſſing. It is almoſt equally deſtructive to all ranks and claſſes of ſociety; nor is the riſk to life the only cauſe for dreading its attack; ſince, even when not fatal, it often leaves indelible ſcars, often produces weakneſs of ſight, and even incurable blindneſs,* and tends, in a peculiar degree, to excite ſcrophula and other diſeaſes.

To mitigate the ſeverity of Small-pox, the practice of inoculation was introduced into England about eighty years ago, and has ſpread at different periods, (though ſlowly and partially) into the moſt civilized parts of Europe. Many were the difficulties it had to encounter from prejudice, ignorance, and timidity, and from the unſkilfulneſs of its earlieſt promoters; but experience has ſo fully eſtabliſhed its character, that the eminent ſuperiority of the inoculated over the natural Small-pox has long ceaſed to be called in queſtion.

However, the friends of Small-pox inoculation have had to lament imperfections which no art could obviate, and to deplore an evil of no inconſiderable magnitude, which has attended its partial adoption. Though its mildneſs, compared with the natural diſ-

* It is worthy of remark, that in *the School for the Indigent Blind, in St. George's Fields*, the loſs of ſight in more than *one half of the children*, has been occaſioned by the ſmall-pox.

caſe, has been ſuch as to reduce the number of fatal caſes from one out of ſix infected perſons (the average proportion of death by the natural Small-pox) to about one in three hundred, ſtill this degree of riſk muſt give ſome alarm to the anxious parent, when the life of a beloved child is at ſtake; nor has inoculation been able in all caſes to prevent the unſightly ſcars and deformities, and the ſubſequent injury to general health, which are the lamentable conſequences of a ſevere form of this diſeaſe. But the poſitive evil produced by the partial adoption of Small-pox inoculation has been a more extenſive propagation of the diſorder in the natural way; for though this contagion might perhaps have been exterminated by a vigorous ſyſtem of univerſal inoculation carried on at the ſame time in every part of the kingdom, yet as this plan was never purſued, the neceſſary conſequence has been, that whilſt individuals have been receiving the infection by the mild method of inoculation, they have been uniformly ſpreading it abroad under the terrible form of general contagion. Before inoculation was introduced, many remote and little frequented ſituations might be found, where the inhabitants had eſcaped the Small-pox during the courſe of a long life: but ſince this practice has been ex-

tended widely, and without precaution (the intercourſe between diſtant parts of the kingdom having at the ſame time become more frequent), ſcarcely a village or hamlet in the moſt retired corner of the iſland can be pointed out, which has not been repeatedly viſited by this contagion. Inoculation, therefore, has been ſaving with one hand, and deſtroying with the other; and authentic documents prove an actual *increaſe* of late years in the mortality of Small-pox of about ſeventeen in every thouſand. On a fair unexaggerated ſtatement, three thouſand lives in London and its immediate vicinity, and forty thouſand in the United Kingdom are annually the direct victims of the Small-pox, beſides a great mortality occaſioned by diſorders conſequent upon this diſeaſe. Other countries ſuffer ſtill more from this calamity than our own; and it is important to remark, that this ſacrifice of life occurs for the moſt part at an early period, to thoſe who might otherwiſe have become uſeful and valuable members of ſociety.

All the diſadvantages under which the inoculation of Small-pox has hitherto laboured, all the riſk to life and general health which has attended its uſe, and all the hazard of ſpreading a moſt dangerous contagion, are now however completely removed by the invalu-

able diſcovery of our countryman Dr. JENNER. A diſeaſe has, from time immemorial, been known in certain parts of the kingdom to exiſt in the Cow, to be communicated from this animal to the hands of milkers, and to ſecure perſons, thus infected, from ever after receiving the contagion of Small-pox. This diſeaſe Dr. JENNER has moſt happily applied to the purpoſe of inoculation; and the ineſtimable advantages, which it is found to poſſeſs, are ſo fully eſtabliſhed by many thouſand experiments, as to enable us to aſſert, without fear of contradiction, that by this eaſy, ſafe, and effectual proceſs, the Small-pox may be ſpeedily exterminated from this kingdom, and ultimately from the whole earth.

The following are the peculiar advantages of the new inoculation: It is never contagious by effluvia, or by any other known mode of infection, except by actual contact or inſertion of matter; and this ſingle circumſtance gives it the moſt decided ſuperiority over the common inoculation, ſince it obviates the moſt important objection urged againſt this practice on the ground of its ſpreading a dangerous and highly contagious diſeaſe. Even in other reſpects it is preferable to Small-pox inoculation, for while it gives as perfect a ſecurity from all future contagion, it affords

this invaluable benefit on much eaſier terms. The inoculated Small-pox, though mild in moſt inſtances, is ſometimes ſevere, and occaſionally fatal: the inoculated Cow-pox, on the contrary, is almoſt invariably mild, requires no confinement, and ſeldom any medical treatment, produces no eruption beyond the part inoculated, leaves no injury to the general health, and, if we may form any concluſion from the extenſive experience of Dr. JENNER and other medical practitioners, will, when properly conducted, never endanger life.

The intereſt excited by this diſcovery has been, in ſome degree, though not entirely, proportionate to its high importance. The new inoculation has been extenſively patroniſed in this its parent country by a large body of enlightened and liberal men, and by numerous public inſtitutions, whilſt many foreign nations, with a deference to this country, highly flattering to its exalted reputation for good ſenſe and liberal enquiry, have already adopted, and are rapidly extending it to every quarter of the globe. Above all, the Britiſh Parliament, after a long and accurate inveſtigation of its merits, has given it the ſanction of public approbation, by beſtowing a reward on the diſcoverer of this invaluable bleſſing.

It muſt be admitted that the new inoculation has met with ſome oppoſition, and objections have been urged, which it would be uncandid to paſs over in ſilence. Some of theſe objections, and certainly the moſt weighty, relate to matter of fact and actual obſervation; others have a more vague and uncertain baſis. It is unqueſtioned, that ſome caſes have occurred, in which a ſuppoſed inoculation of Cow-pox has failed to produce the promiſed ſecurity: other caſes have been met with, in which the ſymptoms of the diſeaſe induced by inoculation are ſtated to have been ſo ſevere, and even fatal, as to perplex and aſtoniſh thoſe who had been accuſtomed to view in the new practice nothing but an uniformly mild, ſafe and effectual preventive of a moſt formidable contagion. In anſwer to thoſe objections, it might be urged, that were all the alleged inſtances of ill ſucceſs acknowledged to be true in their fulleſt extent, and the mildneſs of Cow-pox allowed to be only proportional, ſtill this proportion, compared with the moſt favourable inoculation of Small-pox, would give the new practice a moſt decided claim to the preference of individuals, whilſt its uncontagious nature (which is not diſputed) would equally recommend it to public approbation. But it would be highly unjuſt to the merits of Cow-

pox inoculation to make this conceſſion. The action of Cow-pox does not prevent the conſtitution from being at the ſame time attacked by infantile and other prevalent diſeaſes, ſo that the few caſes of fatal termination imputed to this ſource may fairly be aſcribed to the concurrent operation of ſome mortal diſorder wholly unconnected with the new inoculation. It is the more candid to allow of this explanation, ſince by far the greater number of the ſuppoſed failures have been *actually* traced to ſome palpable miſrepreſentation of facts,* or have been moſt ſatisfactorily accounted for, from the want of experience in the infancy of the practice, to aſcertain the characteriſtic marks of the true diſeaſe. To conduct with ſafety and propriety this inoculation, ſimple as it is, an accurate knowledge of its genuine appearances, and of the ſpurious varieties which ſometimes intrude, is indiſpenſably neceſſary; its ſimplicity has introduced ſome degree of careleſſneſs in attending to its real character; ſome precautions, not at firſt noticed, are now found to be requiſite;

* Two caſes of death by the Cow-pox having been publiſhed in the London bills of mortality, a committee of the Jennerian Society was appointed to inveſtigate their particulars.—The committee have reported, on the moſt authentic and ſatisfactory documents, that there was not the ſlighteſt foundation for attributing theſe inſtances of fatality either immediately or remotely to the Cow-pox. One of the children died of ſcarlet fever twelve months after it had paſſed through the vaccine diſeaſe.—The other, of convulſions from teething fourteen weeks afterwards.—In both, the inoculation was attended by none but the moſt favourable circumſtances. The errors areſe with the Searchers.

for, as the ſucceſs of all medical practice has experience for its baſis, it would have been wonderful indeed, and next to miraculous, if every circumſtance relating to the new inoculation had been at once ſuggeſted to the minds of its earlieſt promoters by intuitive perception.

Certain opponents of the new practice have ſpread an alarm of ſome terrible calamity, ſome myſterious change in the very nature and propenſities of the human race, to be apprehended from the introduction of a diſeaſe originating in a brute animal. To ſuch an objection as this, which has never been fairly brought forward, and is even now almoſt entirely abandoned, what more need we ſay in reply, than that it is a mere creature of the imagination, not only unſupported by a ſingle fact, or probable analogy, but actually deſtroyed by the experience of time immemorial, in the countries in which Cow-pox was firſt diſcovered? Since then the infection derived immediately from the animal is found entirely free from theſe objections, and ſince ſucceſſive inoculations from one human ſubject to another have hitherto produced no other effect, than to mitigate all the ſymptoms that attend the original diſeaſe, what is there of preſumption or raſhneſs in endeavouring to root out from the human race a preſent evil of gigantic magnitude, by the ſub-

ſtitution of a mild and benign diſorder, derived from an animal ſo long devoted to the ſervice of mankind?

Still, however, there are ſome who without openly controverting the ſuperiority of this new diſcovery, reject it in practice, ſimply becauſe the Small-pox inoculation has ſucceeded with themſelves and their families to the utmoſt of their wiſhes. But will not the feeling and conſcientious parent experience ſome uneaſineſs in reflecting, that whilſt his own child is receiving the *antidote*, it is at the ſame time ſpreading the *poiſon*, and bringing into imminent danger the children and families of thoſe, who have not thought proper, or found it convenient to reſort to the ſecurity afforded by inoculation. On this very account, Small-pox inoculation, in ſeveral well regulated countries, has been prohibited under heavy penalties, or practiſed under ſevere reſtrictions.

So rapidly is the new inoculation ſpreading throughout the kingdom, and ſo ardently is it now patroniſed by private and public favour, that we cannot but entertain the hope, that the inhabitants of this country will now eagerly unite in the great undertaking of extending it over every part of the Britiſh empire. The time is arrived when all that was requiſite for experiment has been more than amply fulfilled, and a farther delay in the general adoption of this beneficial

practice, is only to allow needleſsly of the loſs of thoſe thouſands of lives that yearly fall a ſacrifice to the contagion of Small-pox. So completely is the extermination of this deſtructive diſeaſe within our controul, that could inoculation begin at the ſame time over every part of the kingdom, a ſingle year, a ſingle month, almoſt a ſingle week, would annihilate a peſtilence which twelve centuries have been eſtabliſhing.

To promote this laudable work by the high example of exalted patronage, by the advice and aſſiſtance of public bodies long accuſtomed to lead and direct general opinion, by the active exertions of men habitually employed in carrying into execution the nobleſt and moſt extenſive undertakings, by the united ſkill and advice of the medical profeſſion in every part of the kingdom, and by every other method of encouragement and perſuaſion, is the object of our Society; nor have we any fear of being accuſed of preſumption in undertaking more than we can hope to accompliſh, when His Majeſty has been pleaſed to give the Society his expreſs ſanction, by condeſcending to become its patron; and when we can boaſt of the higheſt additional ſupport and aſſiſtance which the empire can beſtow.

With ſuch exalted claims to public encouragement, with ſuch pure and unbiaſſed motives of general good, with an object of ſuch magnitude to be accompliſhed

by means ſo ſimple, ſo ſecure, ſo effectual, and ſo entirely within our command, we look with full confidence to the Britiſh public for the moſt cordial aſſiſtance, and zealous co-operation, and for the cheering influence of perſonal example to remove prejudice and diſpel doubts: we expect that the enlightened, the benevolent, and the opulent will condeſcend with patience and firmneſs to reaſon with the uninformed, and will aſſiſt this Society with contributions, with advice, with example, and with perſuaſion. It is not in the courſe of human probability that centuries will again preſent ſuch an opportunity of doing good; the means are not given to every age to diſarm the dreadful energy of a peſtilence, which regularly deſtroys one twelfth part of the human race; and as this our native iſland has been the noble ſource of this benefit to mankind, let us be the firſt to carry to its utmoſt extent the bleſſing which Providence has put into our hands; ſo that the contagion of Small-pox may be known to our poſterity only in hiſtory, and recorded as the deſolating calamity of twelve centuries, at laſt ſucceſsfully reſiſted by medical ſkill, and ſubdued by a noble effort of public ſpirit and perſeverance.

PLAN AND REGULATIONS

OF THE

SOCIETY.

I. That this Society, having been honoured with the gracious patronage of their Majeſties, be denominated "The Royal Jennerian Society for the Ex-"termination of the Small Pox."

II. That this Society do conſiſt of a Patron, a Patroneſs, Vice-Patrons, Vice-Patroneſſes, Sub-Patroneſſes, a Preſident, Vice-Preſidents, Governors, Truſtees, Directors, a Medical Council, and ſuch other officers as may be neceſſary for conducting the buſineſs of the Society.

III. That Subſcribers of One Guinea annually, or of Five Guineas and upwards at one payment, ſhall be conſidered as Governors of the Society.

IV. Any perſon, upon the payment of a legacy of Twenty Guineas and upwards to the Society, ſhall become a Governor.

V. There ſhall be four General Courts held in every year, viz. on the firſt Wedneſday in March,

June, September and December. Theſe meetings ſhall be called by advertiſements inſerted in ſix of the morning papers, at leaſt one week previous to the meeting. At theſe meetings twenty-four ſhall form a quorum.

VI. A Vice-Patron, or the Preſident, or one of the Vice-Preſidents, or, in their abſence, a Member of the Board of Directors, ſhall take the Chair at all meetings of the Society, and ſhall regulate all debates.

VII. At any General Court, the buſineſs ſhall commence by reading the Minutes of the laſt General Court, and the Minutes of the intervening meetings of the Board of Directors, and of the Medical Council, ſince the preceding General Court.

VIII. The progreſs of the Inſtitution ſhall be laid before each of the General Courts, by the Board of Directors and the Medical Council.

IX. At the General Court in March, a Report of the ſtate of the Society ſhall be laid before the Governors: the Board of Directors and Medical Council ſhall be appointed, when of each body one fourth ſhall go out of office by rotation. (The rota in the firſt inſtance to be determined by numbers and lots.)

X. The Board of Directors ſhall be empowered to call a Special General Court, whenever they deem it expedient.

XI. Any twelve Governors may call a Special General Court by a requiſition, ſpecifying the buſineſs in writing, to the Secretary of the Board of Directors, who ſhall give notice in ſix Morning Papers, and ſend ſummonſes to each Governor (reſident in or near the metropolis,) four days at leaſt before ſuch meeting ſhall be convened.

XII. No new Law, nor abrogation, nor alteration of any exiſting law ſhall be valid, unleſs confirmed at a ſubſequent General Court.

XIII. All Queſtions brought before a General Court ſhall be determined by a majority of the Governors then preſent.

XIV. In caſes of equality of Votes at any Court, Board, or Committee, the Chairman ſhall be entitled to a caſting Vote.

XV. Ladies, Peers, Members of Parliament, and Vice-Preſidents may, on all Queſtions to be decided by Ballot, vote by Proxy, given to any Governor.

XVI. No Governor, who ſhall be more than one Year in Arrear, ſhall have any power or privilege as a Governor, until ſuch Arrear be paid.

XVII. After the preſent Year (1803) no Perſon ſhall be entitled to vote on any Election at a General Court, who has not been a Governor ſix Calendar Months.

XVIII. No Perſon ſhall vote on, or be preſent during the deciſion of any queſtion, in which he is perſonally intereſted.

XIX. Every Governor may recommend any number of Patients for the benefit of inoculation.

XX. There ſhall be an Annual Feſtival on the 17th of May, that being the Birth-day of Dr. JENNER.—This Feſtival ſhall be under the direction of twelve Stewards, annually appointed by the Governors.

At each Anniverſary the Stewards ſhall be requeſted to prepare twelve new Stewards for conducting the ſucceeding Feſtivals. No Steward ſhall be liable to a greater expence at the Anniverſary Feſtival than Five Guineas.

XXI. The number of Vice-Preſidents and of Sub-Patroneſſes ſhall not be leſs than fifty each.

XXII. The Board of Directors, in addition to the Patrons, Patroneſſes, Preſident, and Vice-Preſidents, ſhall conſiſt of forty-eight Governors who are not of

the medical profeſſion; Five of whom ſhall be a quorum. This Board ſhall manage the general affairs of the Society, and ſhall meet on the firſt Wedneſday in every month, or oftener if they deem it neceſſary.

XXIII. The Medical Council ſhall conſiſt of a Preſident, Vice-Preſident, and forty-eight other Governors of the medical profeſſion, who ſhall meet every Thurſday, or as often as they ſhall judge it neceſſary; Five of whom ſhall be a quorum.

XXIV. The Medical Council ſhall aſſign diſtricts in the Metropolis and its environs, appoint medical practitioners to inoculate in the reſpective places, give inſtructions, ſuperintend the medical concerns of the Society, and make report to the Board of Directors of the progreſs of inoculation in the reſpective ſtations.

XXV. The Board of Directors and the Medical Council ſhall reciprocally communicate their proceedings.

XXVI. The Metropolis ſhall be divided into twelve diſtricts, or more if neceſſary, each of which ſhall have an inoculator or inoculators: and for the preſent, the following diſtricts ſhall conſtitute the ſaid diviſion.

1.—Mile End and Lime-houſe.

2.—Ratcliffe.

3.—Spitalfields and Biſhopſgate.

4.—Hoxton and Bethnal-Green.
5.—Cripplegate and St. Luke's.
6.—City.
7.—Clerkenwell.
8.—St. Giles's.
9.—Mary-le-bone
10.—Weſtminſter.
11.—St. George's Fields and Lambeth.
12.—Southwark and Suburbs.*

XXVII. There ſhall be three Truſtees who ſhall be annually elected at the General Court in March.—They ſhall receive all money due to, and by order of the Board of Directors ſhall pay all money due from the Society, and keep an account of all ſuch receipts and payments.

XXVIII. The accounts of the Truſtees ſhall be audited by three Auditors appointed at the General Court in December, and their report ſhall be laid before the Society at the General Court in March.

XXIX. All Sums of Money, for which the Directors ſhall judge there ſhall be no preſent occaſion, ſhall be by their order to the Truſtees veſted by them, in their own names, in the public funds.

XXX. The appointment of a Secretary and Officers

* A thirteenth Diſtrict has ſince been appointed in Rotherhithe. See the liſt of ſtations.

of the Board of Directors, and of the Medical Council, ſhall be veſted in thoſe reſpective Boards, ſubject to the approbation of a General Court.

The Secretary of the Board of Directors ſhall officiate at all General Courts.

XXXI. All other Officers, whoſe Election is not otherwiſe provided for, ſhall be elected by the Governors at large.

XXXII. In a central part of the Metropolis, a Houſe ſhall be prepared, which ſhall be called, The Houſe of the Royal Jennerian Society, for the Extermination of the Small-pox.

XXXIII. In this Houſe, Accommodations ſhall be provided for conducting inoculation, and for the Meetings of the Board of Directors, and the Medical Council.

XXXIV. To this Houſe all correſpondences ſhall be addreſſed, and applications made for the matter of inoculation, which ſhall be furniſhed free of expence to ſuch medical practitioners as may apply for it, and to others whom the Medical Council may approve, the names of whom ſhall be regiſtered.

REGULATIONS FOR THE CENTRAL HOUSE

THE Central Houſe of the Inſtitution, Saliſbury Square, Fleet Street, will be open for Inoculation —for advice on caſes and ſubjects connected with the vaccine practice—for diſtributing vaccine matter and inſtructions; and for all other public buſineſs of the Society, from the hours of Ten in the forenoon till Three in the afternoon every day, except Sundays: during which hours perſons of all ages may attend for inoculation, free of expence, and applications may be made to the Reſident Inoculator and Secretary for the above purpoſes.

Two Phyſicians and one Surgeon of the Medical Council, are officially attached to the Central Houſe for every month in rotation; to viſit during the hours of public buſineſs as often as they may deem neceſſary; and to be reſorted to for advice on particular caſes by the Reſident Inoculator, whenever he may ſee occaſion for it.

Perſons having been inoculated at the Central Houſe are required to attend there every fourth day, till they are informed that ſuch attendance is no longer neceſſary.

REGULATIONS FOR THE STATIONS.

PERSONS of all ages may attend for Inoculation free of expence, and applications as at the Central Houſe may be made at any of the Inoculating Stations of the Society, on *Mondays*, *Tueſdays*, *Thurſdays*, and *Fridays*, from the hours of half paſt *Nine* till *Eleven* in the forenoon.

Two Conſulting Phyſicians are attached to each of the Inoculating Stations, to attend as often as they ſhall think proper; and to give their advice whenever it is requeſted by either of the Inoculators of the ſtations to which they belong.

Two Surgeons appointed to each of the inoculating ſtations attend at the preſcribed hours in rotation. Their office is, to inoculate patients, to give advice when called upon in matters relating to vaccine inoculation, to diſtribute vaccine matter and inſtructions to ſuch as may apply for them, and to regiſter the inoculating practice, with the caſes on which they are conſulted, and the names and places of abode of the perſons to whom the matter and inſtructions are given.

REGULATIONS FOR THE ATTENDANCE OF THE PATIENTS.

Persons having been inoculated are required to attend at the ſame inoculating ſtation, three or four times, or oftener if deſired, in the courſe of the next enſuing fortnight, viz. on every other inoculating day;—in order that the progreſs of the inoculation may be carefully obſerved, ſo as to ſatisfy them of being ſecured from the Small-pox for ever afterwards: and alſo that every caſe may be duly regiſtered.

Particular care muſt be taken to avoid injuring the inoculated arm by ſqueezing, rubbing, or ſcratching the part;—by the preſſure of tight ſleeves, or otherwiſe.

Perſons inoculated are not required to take any medicine, nor to obſerve any particular regimen reſpecting diet or exerciſe; or other care than ſuch as is at all times neceſſary for the preſervation of health.

List of the Stations for Inoculation, and the Physicians and Inoculators who attend.

Dr. JENNER, Superintending Physician.

1. Central House, No. 14, Salisbury Square, Fleet Street. — Dr. Walker, resident Inoculator. The Members of the Medical Council attend in rotation, as Consulting Physicians and Surgeons.

Stations.	*Physicians.*	*Inoculators.*
2.		
Drury Lane, Sunday School House, George Yard.	Dr. Denman Dr. M'Cartan	Mr. Dimsdale Mr. Uppom
3.		
Great Castle Street, Oxford Market, Mary-le-bone.	Dr. Vaughan Dr. Hooper	Mr. Ring Mr. Edw. Leese.
4.		
Westminster. 6, Whitehart Court, Castle Street, King's Mews,	Dr. Crichton Dr. Bradley	Mr. Cullurne Mr. Combs.
5.		
John Street, America Square, Minories.	Dr. J. H. Myers Dr. Elliott	Mr. C. Johnson Mr. G. Johnson.
6.		
Clerkenwell, Turnmill Street.	Dr. Babington Dr. Dimsdale	Mr. Chamberlaine Mr. White.

Stations.	*Phyſicians.*	*Inoculators.*
7.		
No. 119, Biſhopſgate Street Without.	Dr. Hawes Dr. Pett	Mr. Addington Mr. Aikin
8.		
No. 8, Hoxton Town, Sunday School Houſe.	Dr. Saunders Dr. J. Hamilton	Mr. Parkinſon Mr. Weſton.
9.		
No. 74, Golden Lane, Sunday School Houſe.	Dr. Yelloly Dr. Marcet	Mr. Upton. Mr. Leeſe
10. Ratcliffe.	Dr. James Sims Dr. Blane	Mr. Horsford Mr. Wilſon.
11. Epping Place, near Mile-end Turnpike.	Dr. W. Hamilton Dr. Skey	Mr. Curtis Mr. Dowers.
12. Maze Pond, Southwark.	Dr. Willan Dr. Buxton	Mr. Key Mr. Norwood.
13. School Room, Surry Chapel.	Dr. Lettſom Dr. Powell	Mr. Hurlock Mr. Williams.
14. Rotherhithe.— Veſtry Room, Mr. Townſend's Meeting-houſe.	Dr. Woodville Dr. Turner	Mr. Gaitſkell Mr. Brown.

INSTRUCTIONS FOR VACCINE INOCULATION.

AN ACCURATE KNOWLEDGE OF THE SIGNS OF INFECTION, AND OF THE CHARACTER AND PROGRESS OF THE VACCINE VESICLE, IS ESSENTIAL TO THE SUCCESS OF THIS INOCULATION.

The Signs of Infection, and Deſcription of the Vaccine Veſicle.

WHEN Vaccine Inoculation proves ſucceſsful, a ſmall red ſpot, with a degree of elevation which may be felt, commonly commences on the third day. When examined with a magnifying glaſs, it ſeems to conſiſt of a ſmall tumour, ſurrounded by a ſlight efflorescence.

Between the third and ſixth day, a veſicle appears; the ſhape and magnitude of which depend much on the mode in which the inoculation has been performed: when it is performed by a ſlight puncture, the veſicle will be ſmall and circular.

The edge of the Vaccine Veſicle is elevated and well defined; the centre is depreſſed, and a ſpeck is there viſible, of a darker colour than the reſt of the ſurface. This veſicle is diſtinguiſhed from other veſicles by the peculiarity of its ſtructure, which is cellular, and ſomewhat hard and firm. At firſt it is of a light pink colour, ſometimes blended with a bluiſh tint, gradually changing in its progreſs into a pearl colour. Its contents are limpid, and almoſt colourleſs. It commonly increaſes in ſize till about the tenth day.

In its early ſtages it has uſually a ſmall inflamed ring round its baſe, which about the ninth day begins to ſpread rapidly; and about the tenth forms an Areola, more or leſs circular, an inch and half or more in diameter. This areola is of a pink, ſcarlet, or crimſon hue; and is attended with ſome degree of hardneſs and tumefaction. It continues nearly ſtationary a day or two, and then begins to fade; ſometimes forming on its decline, two or three concentric circles.

When the areola is perfectly formed, the veſicle begins to decline: firſt it turns brown in the centre; then it is gradually converted into a hard, ſmooth, ſhining ſcab, of a dark mahogany brown colour, approaching to black; and, in its general appearance, has not unaptly been compared to the ſection of a tamarind ſtone. This ſcab commonly falls off about the end of the third week; and leaves a circumſcribed

cicatrix, clearly denoting, that the true ſkin has been affected.

In the computation of time the day of inoculation is to be conſidered as the firſt day.

Occaſional Deviations of the Vaccine Veſicle, from its ordinary appearances and character.

Deviations are occaſionally met with, even in the genuine vaccine veſicle; chiefly with regard to its riſe, duration, and contents.

It ſeldom or never appears earlier, but often later than the period already mentioned; ſometimes not till after the expiration of a fortnight or three weeks; but if it then makes a regular progreſs, it renders the patient equally ſecure, as if it had appeared at the uſual time.

Sometimes the veſicle is ruptured by external violence. In that caſe, the ſcab will in general be leſs firm, and of a lighter colour. Occaſionally alſo, inſtead of the regular progreſs to deſiccation, as above deſcribed, it paſſes into a ſtate of ulceration, with a much more extended inflammation.

The contained fluid inſtead of being limpid as uſual, is now and then found opake.

Spurious Pustules,

which afford no ſecurity againſt the Small-Pox.

THE ſucceſs of the operation is doubtful, when there is any conſiderable deviation from the uſual courſe of the diſeaſe; whether premature inflammation, irritation, itching, or veſication occurs; or the progreſs of the veſicle is too rapid, its contents yellow or opake, its texture ſoft, its centre elevated, or its form not well defined; or whether a premature efflorescence takes place, and a diſtinct, vivid, circumſcribed areola is wanting.

This anomalous veſicle, or ſpurious puſtule, as it is called, is more liable to be broken than the regular genuine veſicle, from its centre being more elevated, and its texture leſs firm. When broken, it is frequently ſucceeded by ulceration; or by a light brown, or amber-coloured creeping ſcab.

Probable Cauſes of Spurious Puſtules.

SPURIOUS puſtules may be occaſioned not only by matter taken from a ſpurious puſtule, but alſo by matter taken from a genuine veſicle at too late a period; or by that which has been injured by keeping, expoſure to heat, or any other cauſe. They may alſo be occaſioned by uſing ruſty lancets in inoculating;—by rude and unſkilful methods of performing the inoculation; or by the genuine veſicle having been deſtroyed at an early ſtage; and the regular progreſs of the diſeaſe thus interrupted.

The Methods of taking Vaccine Matter for Inoculation, and of preſerving and conveying it.

MATTER may be taken from a genuine veſicle at any time, from its commencement till the areola begins to ſpread; commonly till the eighth or ninth day, ſometimes later, but never after the areola is fully formed

It is to be taken by ſmall ſuperficial punctures, made in ſeveral parts of the veſicle with the point of a lancet introduced horizontally. Time ſhould be allowed for the fluid to exude, which will appear on

the veſicle in the form of ſmall pellucid drops. If neceſſary, very ſlight preſſure may be applied with the flat ſurface of the lancet, to quicken the diſcharge.

Great caution muſt be obſerved in this proceſs; or violent inflammation, and extenſive ulceration may ſometimes enſue.

The matter may be received on the points of common lancets, when it is deſigned for uſe immediately, or within a very few days; otherwiſe theſe inſtruments cannot with propriety be employed either for the preſervation or conveyance of vaccine matter, as when charged with that fluid they ſoon ruſt. An ivory lancet is not liable to this objection. It may be fixed in a handle, and ſcrewed into a caſe, in order to exclude air.

A common method is, to take two ſmall ſquare pieces of glaſs, on the centre of one of which the matter may be received, by applying the glaſs to the veſicle, punctured in ſeveral places in the manner before deſcribed, and covered with the fluid: it may then be ſuffered to dry, and applied to the veſicle repeatedly. When fully charged, and dry, it is to be covered with the correſponding piece of glaſs, and wrapped up in writing paper, or goldbeater's ſkin.

Matter may alſo be taken on thread, which, being imbued with it, muſt be ſuffered to dry, and then

charged again: this proceſs may be repeated till it is well ſaturated: it may be kept in a phial, or in a quill, or a piece of a tobacco-pipe, ſtopped with white wax: —the heat neceſſary to melt ſealing-wax might injure the matter.

Another way of preſerving matter is to take it on the end of a quill, which, when dry, may be inſerted into the barrel of another quill: or if ſlender portions of a quill be pointed like tooth-picks, a number of them, when charged, may be incloſed in the barrel of one quill. Theſe, as well as the thread, afford convenient modes of conveying the matter in a letter to any diſtant place.

A ſmall inſtrument made of ivory, ſhaped like the tooth of a comb, and pointed like a lancet, which may be called a Vaccinator, is in every reſpect as well adapted to the ſame purpoſe; and not being liable to bend, it is introduced into the puncture with more eaſe and certainty than the tooth-pick. Theſe inſtruments require much leſs matter to charge them than thread or glaſs; but when they are not intended to be uſed ſoon, they ought to be repeatedly charged.—When they are to be uſed in a ſhort time, it is ſufficient to wrap them in paper.

Matter muſt always be allowed to dry without heat in the ſhade, and be kept in a dry and cool place.

Every practitioner who has not a conſtant ſucceſſion of patients, ought to take matter when he has an opportunity, and to preſerve it for any future occaſion.

The Modes of Inoculation.

THE conſtitutional, as well as the local ſymptoms of the Vaccine Affection, depend in a great degree on the mode in which the virus is inſerted. The ſmaller the wound of the ſkin is, the lighter in general is the diſeaſe.

Fluid matter is better than dry, when it can be procured, becauſe it is more likely to produce infection; and the operation is more lightly and quickly performed. Hence it is evident, that in every inſtance where it is practicable, the patient from whom the matter is to be taken ſhould be preſent, and the matter ſhould be transferred immediately from arm to arm.

Inoculation is generally performed in the upper arm, near the inſertion of the deltoid muſcle; but in ſome adults, who are likely to uſe the arm much, it is more adviſeable to inoculate on the inſide of the leg, a little below the knee.

The point of a lancet being charged, the ſkin ſhould be ſtretched, that the cuticle may be penetrated with

more eaſe. A ſmall ſuperficial puncture is then to be made with the point of the lancet, which will be more likely to leave the matter in contact with the ſkin, and to produce the deſired effect, if it be held nearly in a horizontal direction. It is alſo worthy of remark, that when held in this direction, the lancet meets with greater obſtruction when it has penetrated to a ſufficient depth. On the contrary, when it is inſerted in a more oblique or a perpendicular direction, it often penetrates ſuddenly to ſuch a depth as to cauſe an effuſion of blood, which waſhes away the matter, and prevents the operation from ſucceeding. In order to render infection more certain, the point of the lancet may be charged with matter a ſecond time, and wiped on the puncture.

When ſeveral ſucceſſive inoculations are to be performed, the lancet ſhould be dipped in cold water, and wiped after every puncture.

Dry matter has been ſometimes known to ſucceed after the expiration of ſeveral months, but that which is recent is always preferable.

Dry matter on glaſs may be moiſtened with a little cold or tepid water on the point of a lancet, allowing it ſome time to diſſolve, and blending it by a little friction with the lancet. It muſt not be much diluted,

but of a thick conſiſtence. It is to be inſerted in the ſame manner as the recent fluid.

Dry matter on the barrel of a quill may be applied without dilution, to a very ſmall abraſion or inciſion of the ſkin; and, being held in contact for ſome time, and then repeatedly drawn over the part, it will diſſolve and be lodged in the wound.

When ivory lancets, toothpicks, and vaccinators, charged with dry matter, are uſed, the matter ſhould not be firſt diluted, but a puncture having been firſt made with a common lancet, the point of the inſtrument is to be inſerted, and held in the puncture half a minute or more; when the matter will gradually diſſolve, and remain in the part. If the part of the inſtrument which is charged, be afterwards wiped repeatedly upon the edges of the puncture, it will tend to enſure ſucceſs.

Thread, charged with dry matter, may be uſed either dry or juſt moiſtened with cold or tepid water. A ſlight inciſion or abraſion is then to be made, not more than an eighth part of an inch in length, on which a ſmall portion of the thread is to be placed. This is to be covered with a ſmall bit of paper, and to be retained two or three days by a mild adheſive plaiſter: what is called court plaiſter is liable to produce irritation.

Inoculated patients muſt be cautioned not to wear tight ſleeves, and not to injure the arm by preſſure, friction, or any other violence, leſt extenſive inflammation or ulceration ſhould enſue.

One vaccine veſicle ſecures the patient from all danger of the ſmall-pox; but in many inſtances it is better to inoculate in both arms, eſpecially when the ſmall-pox is epidemic, or the matter is dry, or the place of the patient's reſidence diſtant.

Lancets uſed for inoculation ſhould be kept clean and bright.

Conſtitutional Symptoms.

THE conſtitutional ſymptoms ſometimes occur at a very early period; but more commonly from the ſeventh to the eleventh day.

In ſome caſes the patient is drowſy; in others reſtleſs. Sometimes there is a chilline ſs, ſucceeded by heat, thirſt, head-ach, and other marks of febrile affection. Now and then a ſickneſs or vomiting takes place, eſpecially in infants.

The conſtitutional ſymptoms, of whatever kind, are in general ſlight and tranſient, and ſuch as require no remedy.

In a great proportion of caſes there is no perceptible indiſpoſition; nevertheleſs, the perſon vaccinated is not the leſs ſecure from the future infection of the Small-pox, provided the progreſs of the veſicle has been regular and complete.

Care muſt be taken not to confound the ſymptoms of infantile or other diſeaſes with thoſe of vaccine inoculation.

Medical Treatment.

In general no medicine is required in this mild affection; but if the ſymptoms happen to run a little more high than uſual, the ſame remedies are to be applied, as if they proceeded from any other cauſe.

No preparation is neceſſary; and no cathartics need be given either before or after vaccination.

Should inflammation of the arm exceed the uſual bounds, which rarely happens but from tight ſleeves, preſſure, or friction, it may ſoon be checked by the very frequent application of compreſſes of linen dipped in water, aqua lithargyri acetati compoſita, or a ſolution of one drachm of ceruſſa acetata in a pint of water. Theſe are to be applied cold.

If the ſcab be rubbed off prematurely, and ulceration take place, cooling and aſtringent applications

may be uſed, ſuch as a drop of aqua lithargyri acetati, which ſhould be allowed to dry on the part, and then be covered with compreſſes, dipped in water, or any of the ſaturnine applications above mentioned, and frequently renewed.

When the ulceration is deep or extenſive, a poultice, either of bread and milk, or of bread with any of the ſaturnine preparations may be applied, as the caſe ſeems to require. They muſt never be applied till they are nearly, or quite cold.

In ſuch foul and obſtinate ſores, as reſiſt the foregoing applications, the unguentum hydrargyri nitrati; the argentum nitratum, or other ſimilar applications, are ſometimes reſorted to with advantage. A ſingle dreſſing with theſe ſubſtances is uſually ſufficient; after which the ſore heals under the mildeſt applications.

Spurious puſtules are frequently followed by ulceration at an early period. This ulceration is to be treated in the ſame manner as if it proceeded from the genuine ſpecies.

An aſſurance of perfect ſecurity from vaccine inoculation can only be obtained by carefully obſerving the whole progreſs of the diſeaſe. If any doubt remain, the operation ought to be repeated.

When the patient has been previouſly expoſed to the infection of the Small-pox, that diſeaſe will be ſuperſeded more or leſs, according to the time which is ſuffered to elapſe before the inoculation of the Cow-pock.

The advantages of vaccine inoculation being now fully aſcertained, it is the duty of every member of ſociety, and particularly of every member of the medical profeſſion, to diſcourage the inoculation of the Small-pox.

As it is deemed highly proper and advantageous, that particular and exact Regiſters of the vaccine practice ſhould be kept by every inoculator, the forms of the Regiſters, employed by the Royal Jennerian Society in their central houſe, and the ſeveral inoculating ſtations, are annexed.—A ſeparate book is alſo kept for detailed accounts of any remarkable caſes, which may require to be more fully recorded than the plan of an ordinary regiſter may admit of.

Copies likewiſe are here given of ſuch papers as have hitherto been printed, both for the uſe of the patients, and for more general diſtribution, for promoting the views of the Society amongſt all claſſes of the community.

☞ *It is presumed, by the Society, that the Community would derive considerable advantage by their receiving from other Vaccine Societies, an Annual Return of the Number of Patients inoculated; which should be sent to the Central House, No. 14, Salisbury Square, before the 1st Wednesday in March, in each Year.*

☞ *Communications of real importance, relating to the Vaccine Practice, will meet with ready attention by the Medical Council of the Royal Jennerian Society.——It is requested that they be drawn up concisely, and well authenticated.*

A comparative View of the Natural Small-Pox, Inoculated Small-Pox, and Inoculated Cow-Pox, in their Effects on Individuals and Society.

	History.		Circumstances attendant and consequent on the diseases respectively, independent of contagion and mortality.								
			Danger.	*Eruptions.*	*Confinement.*	*Loss of time.*	*Expence.*	*Requisite Precautions.*	*Medical Treatment.*	*Deformity.*	*Subsequent Diseases.*
NATURAL SMALL-POX	For twelve centuries this disease has been known to continue its ravages, destroying in every year an immense proportion of the whole population of the world!		One in three has the disease in a dangerous form.	Eruptions numerous, painful, and disgusting.	Confinement, loss of time, and expence, more or less considerable. The latter affecting individuals, families, parishes, &c.			Precautions for the most part unavailing.	Medical treatment necessary both during the disease and afterwards.	Pits, scars, seams, &c. disfiguring the skin, and especially the face.	Scrofula in every form, disease of the skin, glands, joints, &c. blindness, deafness, &c. &c.
	General Character.	*Mortality*									
	A contagious disease: in some instances mild, but for the most part violent, painful, loathsome, and dangerous to life.	One in six who have the disease, dies; at least half of mankind have it; consequently one in twelve of the human race perish by one disease! In London 3000 annually; in the united kingdom, 40,000!									
INOCULATED SMALL-POX	A contagious disease, for the most part mild, but in some instances violent, painful, loathsome, and dangerous to life.	One in three hundred inoculated dies. In London, probably one in one hundred.	One in thirty or forty has the disease in a dangerous form.	Eruptions of constant occurrence in greater or less numbers.	Confinement, loss of time, and expence, sometimes considerable.			Necessary preparation by diet and medicine, care to avoid certain seasons, as extremes of heat and cold; certain periods of life, as early infancy and old age; and certain states of constitution, as general ill-health, teething, pregnancy, &c.	Medical treatment usually necessary.	Deformities liable to take place wherever the disease proves severe.	Subsequent diseases of the same kind as above enumerated, though of less frequent occurrence.
	The inoculation of the small-pox having been but partially adopted, has become the means of spreading the infection, and has thus increased its general mortality. In London (by the bills) this increase has been in the ratio of seventeen in every thousand.										
INOCULATED COW-POX	Not contagious; and when properly conducted, uniformly mild, inoffensive, seldom painful, free from danger, and an infallible preventive of the small pox.	Never fatal.	No danger.	A pustule on the inoculated part only.	Neither confinement, loss of time, nor expence incurred.			No other precautions requisite, than such as regard the conduct of the inoculation.	No medicine required.	No consequent deformity nor disfiguration.	No subsequent Disease excited.
	During a long series of years, the cow-pox, accidentally received, has been considered as a preservative against any future attack of the small-pox. Many persons in the dairy countries who have had the former in their youth, have remained to old age unsusceptible of the latter.										

With a knowledge of the facts contained in the above statement, it is presumed that no person can conscientiously refuse or hesitate to embrace the opportunity now providentially offered of preserving his own family from so dreadful and destructive a pestilence as the Small-pox; and of contributing his part towards its total extirpation. The new inoculation recommends itself to all classes; the rich are adopting it universally: their example may now be followed without expence by the poor, for whose immediate benefit the Royal Jennerian Society is established.

AN ADDRESS

TO BE PRESENTED BY

CLERGYMEN at the BAPTISM of CHILDREN.

To FATHERS and MOTHERS,

YOU who are parents muſt feel yourſelves not leſs bound by religion, than prompted by affection, to guard your child from every impending evil; and eſpecially from infectious diſeaſes endangering its life. No human malady can give more ſerious cauſe of alarm than the SMALL-POX. When taken in the natural way, it is, as you well know, violent, painful, and often fatal. Even in thoſe who recover from it, the countenance is permanently diſfigured, or the conſtitution receives ſome irretrievable injury, by loſs of ſight, deafneſs, tedious ulcers, white-ſwellings, conſumption, &c.—In the Small-pox, communicated by Inoculation, there is certainly leſs danger; but to enſure ſucceſs, the moſt anxious attention and niceſt management are requiſite for a length of time.—— Notwithſtanding every precaution, the inoculated

Small-pox has, in many caſes, proved fatal: and it is further highly objectionable, ſince, by ſpreading infection, it endangers the lives of all perſons in the neighbourhood, who have not previouſly had the diſeaſe. A mild and certain preventive of the Small-pox, was a few years ago providentially diſcovered by the JENNERIAN INOCULATION of the COW-POCK. This, after the ſtricteſt inquiry, has been approved and recommended by the Britiſh Parliament; and is now extenſively practiſed, under the patronage of their Majeſties, and the whole Royal Family. The new Inoculation may be ſafely performed at every ſeaſon of the year, and at every period of life, ſince it occaſions no material diſorder, nor is attended with any danger whatever. At the ſame time no infection is communicable from the perſons inoculated to others with whom they have intercourſe. Thus this ſimple and eaſy proceſs, without endangering the community, preſerves all thoſe who undergo it, from a moſt loathſome diſeaſe; and never excites in the conſtitution the dreadful maladies above-mentioned, which ſo frequently ſucceed both the natural and inoculated Small-pox.

That you might not remain ignorant of ſo ineſtimable a bleſſing, this ſhort ſtatement is preſented to you; and as you value the life of your infant, and

the ſafety of your neighbourhood, you will immediately avail yourſelves of the advantage offered to you; for doubly poignant muſt be your ſorrow, if, by neglecting ſo to do, your child ſhould periſh, or be materially injured by the Small-pox.

(Signed)

Miniſter of

☞ *Papers of this kind have been under written by Medical Practitioners of the reſpective places in which they are diſtributed, offering to inoculate the poor gratuitouſly.*

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Joſ. Hurlock, Eſq. St. Paul's Church-yard	10	10		
J				
John Jackſon, Eſq. Broad ſt. Buildings	10	10		
Samuel Jackſon, Eſq. Hackney .	5	5		
Edward Jenner, M. D. Hertford-ſtreet	10	10		
Meſſrs. C. & G. Johnſon, Swan-ſt Minories	5	5		
John Jones, Eſq. Gracechurch ſtreet .			1	1
Ebenezer Johnſton, Eſq. Biſhopſgate-ſtreet	5	5		
James Joyce, Eſq. Hertford-ſtreet .			1	1
K				
Thomas Key, Eſq. Borough .	5	5		
Charles Kinder, Eſq. Cheapſide .	5	5		

	£.	s.	£.	s.
Mrs. Thomas Kingſcote, Hinton-Houſe, Hants . . .	10	10		
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L				
Corporation of the City of London .	500	0		
Biſhop of London, St. James's-ſquare	10	10		
Earl of Liverpool, Hertford-ſtreet	10	10		
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Richard Lee, Eſq. Old Broad-ſtreet	10	10		
George Lee, Eſq. Lombard-ſtreet .	10	10		
Richard Lee, Eſq. dº .	10	10		
John Leech, Eſq. Ludgate-ſtreet	10	10		
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Wm. Lewis, Eſq. Budge-row .	5	5		
Wm. Light, Eſq. . .	5	5		
Wm. Liſter, M. D. New Bridge-ſtreet	10	10		
M. B. Liſter, Eſq. . .	5	5		
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J. H. Littler, Eſq. May Fair	10	10	1	1
Francis Lind, Eſq. Bruton-ſtreet .				
Wm. Lock, Eſq. . .	5	—		
Thomas Lowten, Eſq. Temple .	10	10		
M				
Lord Viſcount Melville, Charles ſtreet.	10	10		
Sir Henry Mildmay, Bart. Stanhope-ſtreet	10	10		
Dr. M'Cartan, Broad-ſtreet, Bloomsbury			1	1
John M'Arthur, Eſq. Great St. Helens	5	5		

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S. F. Milford, Esq. Exeter .	5	5		
James Moore, Esq. Conduit-street .	5	5		
B. S. Morgan, Esq. . . .	5	5		
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J. B. Nichols, Esq. Red Lion-passage			1	1
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Wm. Norris, Esq. Old Jewry	5	5		
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—— Nottidge, Bocking, Essex .			1	1
—— Norwood, Esq. Southwark .	5	5		

O	£.	s.	£.	s.
J. Olding, Eſq. Freeman's-court, Cornhill			2	2
P				
Lord Pelham, Stratton-ſtreet .	10	10		
Right Hon. Charles Price, Lord Mayor, Manſion Houſe . .	10	10		
Hon. P. Puſey, Groſvenor-ſquare	10	10		
Sir John Pinhorn, Borough High-ſtreet	5	5		
Samuel Parker, Eſq. Carter-lane -	3	3		
——— Parkinſon, Eſq. Hoxton-ſquare			1	1
John Pearſon, Eſq. Golden-ſquare .	10	10		
Michael Pearſon, Eſq. Spital-ſquare	5	5		
John Pearſon, Junr. Eſq. Rutland-place	5	5		
Samuel Pett, M. D. Clapton .	5	5		
Meſſrs. Patteſon, Lee & Iſelin, Cloak-lane	10	10		
Wm. Phillips, Eſq. George-yard .	5	5		
Richard Phillips, Eſq. George-yard	5	5		
Evan Pugh, Eſq. Well's-ſt. Wellcloſe ſq.	5	5		
Richard Phillips, Eſq. Eaſt-ſtreet, Red Lion-ſquare . . .	5	5		
Richard Powell, M. D. Eſſex-ſtreet			1	1
Thomas Poynder, Eſq. Biſhopſgate-ſtreet	10	10		
W. S. Poyntz, Eſq. Bentinck-ſtreet	10	10		
Wm. Preſton, Eſq. Tooley ſtreet .	5	5		
Edward Pryce, Eſq. Bucklerſbury .	10	10		
R				
Lord Rous, Lower Berkeley-ſtreet .	10	10		
Lady Rous, ditto . .	10	10		
Sir Walter Rawlinſon, Devonſhire-place	10	10		
Dr. Reece, Adam ſt. Adelphi . .			1	1
John Ring, Eſq. New-ſtreet, Hanover ſquare . . .	10	10		
Thos. Roberts, Eſq. Charter Houſe-ſquare	5	5		
Henry Robinſon, Eſq. Coventry-ſtreet			1	1
H. Rogers, Eſq. Freeman's-court Cornhill			2	2
T. Rutherford, Eſq. Ratcliffe Highway	5	5		
John Towill Rutt, Eſq. Thames-ſtreet	5	5		
S				
Viſcounteſs St. Aſaph, 40, Berkeley-ſquare	10	0		
Earl of Shrewſbury, Stanhope-ſtreet	10	0		

S	£.	s.	£.	s.
Earl Spencer, St. James's Place .	10	10		
Earl of Sandwich, 13, Burlington-ſtreet	10	10		
Counteſs Spencer ditto .	10	10		
Counteſs of Sutherland, Arlington-ſtreet	10	10		
Lord Sherborne . . .			1	1
Lady Sherborne . . .			1	1
Ld. Somerville, Hill-ſtreet, Berkeley-ſquare	10	10		
Lord St. Helens, Old Burlington-ſtreet	10	10		
Wm. Salte, Eſq. Poultry . .	10	10		
G. Sandeman, M.D. Red Lion-ſquare	10	10		
Miles Satterthwaite, Eſq Lombard-ſtreet	10	10		
J. H. Savigny, Eſq. King-ſt. Covent Garden			2	2
Wm. Saunders, M. D. New Broad-ſtreet	5	5		
Richard Sanderſon, Eſq. Mark-lane	10	10		
——— Scatcherd, Eſq. Avemaria-lane			1	1
A. Schick, Eſq. Devonſhire-ſquare	5	5		
John Scott, Eſq. Adelphi Terrace			1	1
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John Siffken, Eſq. ditto .			1	1
George Simpſon, Eſq. St. Paul's church-yard			1	1
James Sims, M. D. Lawrence-lane	10	10		
Joſ. Skey, M. D. Union Court, Broad-ſt.	5	5		
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Henry Smith, Eſq. Grove hill .	10	10		
Henry Smithers, Eſq. St. Mary Overy, Southwark . . .	5	5		
Joſeph Smith, Eſq. Old Broad Street	10	0		
Iſaac Solly, Eſq. St. Mary Axe .	10	10		
John Squire, M. D. Ely-place .	5	5		
John Steel, Eſq. Bull & Mouth-ſtreet			2	2
Joſeph Steele, Eſq. Tower-hill .	5	5		
Anthony Sterry, Eſq. Borough .			1	1
——— Stones, Eſq. Chandos-ſtreet			1	1
J. C. Stoqueler, Eſq. Nicholas-lane	5	5		
James Swan, Angel Court, Newgate-ſtreet			1	1

	£.	s.	£.	s.
T				
John Tennant, Eſq. Mark-lane .	5	5		
John Thomſon, Eſq. Old Bethlem	10	10		
H. Thornton, Eſq. M. P. King's Arms yard - . .	10	10		
R. Thornton, Eſq. M. P. Grafton-ſtreet	20	—		
Samuel Thorp, Eſq. Aldgate within	10	10		
J. T. Thorp, Eſq. ditto	5	5		
Geo. Tod, Eſq. . . .			2	2
Joſeph Toulmin, Eſq. Hackney .	5	5		
John Towgood, Eſq. Clement's-lane	10	10		
J. Townſend, Eſq. Borough .	5	5		
Benjamin Travers, Eſq. Queen-ſtreet	10	10		
Joſeph Travers, Eſq. Swithin's-lane	10	10		
J. H. Tritton, Eſq. Lombard-ſtreet	10	10		
J. F. Tuffen, Eſq. Fenchurch-ſtreet	10	10		
Thos. Turner, Eſq. Great James-ſtreet	5	5		
V				
Lady Theodoſia Maria Viner .	10	0		
Lady Vyner	10	10		
Nicholas Vanſittart, Eſq. M. P. Great George-ſtreet, Weſtminſter .	10	10		
J. F. Vandercom, Eſq. Buſh-lane	5	5		
W. Vaughan, Eſq. Dunſter Court, Mincing Lane	10	10		
Henry Vaughan, M. D. Curzon-ſtreet	5	5		
Robert Vaux, Eſq. Spital-ſquare .	5	5		
Joſeph Vaux, Eſq. Duke-ſtreet .	5	5		
Samuel Uppom, Warren-ſtreet, Fitzroy-ſquare . . .			1	1
James Upton, Eſq. Cheapſide .	5	5		
W				
Lady Willoughby, Berners-ſtreet	10	10		
J. C. Wachſel, Eſq. Small-pox Hoſpital			1	1
R. Wainewright, Eſq. Gray's Inn-ſquare	10	10		
John Walker, M. D. Salisbury-ſquare	5	5		
John Walker, Eſq. Brick-lane .	10	10		
Charles Wall, Eſq. Devonſhire-ſquare	10	10		
Wm. Wallis, Eſq. Fieldgate-ſtreet,			1	
W. Wallis, Eſq. Cheapſide . .	5	5		
John Wanſey, Eſq. Lothbury .	10	10		
T. Warburton, Eſq. Hoxton . .	5	5		

	£.	s.	£.	s.
W				
Jonathan Wathen, Eſq.			1	1
Thomas Watſon, Eſq. Bank Buildings	5	5		
Rev. Mr. Watſon, Hackney	5	0		
D. P. Watts, Eſq. Gower-ſtreet	10	10		
Henry Waymouth, Eſq. Batterſea	10	10		
J. C. Weguelin, Eſq. New Broad-ſtreet	10	10		
Mr. Weſton, Surgeon, Shoreditch			1	1
Wm. Wilberforce, Eſq. M. P. Old Palace Yard	10	10		
Roger Wilbraham, Eſq. Stratton-ſtreet	10	10		
Robert Willan, M D. Bloomſbury-ſquare	10	10		
John Williams, Eſq. Poultry	10	10		
Allen Williams, Eſq. Borough High-ſtreet	5	5		
T. Willimot, Eſq. Clapham-road	5	5		
Joſeph Wilſon, Eſq. High-ſtreet, Shadwell			1	1
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Mat. Wood, Eſq. Falcon-ſquare	5	5		
Wm. Woodville, M D. Ely-place	5	5		
S. Woolriche, Eſq. Conduit-ſtreet			1	1
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Wydown & Lloyd, Upper Thames-ſtreet	10	10		
Wm. Wynch, Eſq. Groſvenor Place			2	2
Y				
John Yelloly, M.D. Alderſgate-ſtreet			1	1

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